ARIZONA CORPORATION COMMISSION UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

WS-01025A Ajo Improvement Company PO Drawer 9 Ajo, AZ 85321

RECEIVED

ACC UTILITIES DIRECTOR

ANNUAL REPORT Water – Sewer

FOR YEAR ENDING

12 31 2010

FOR COMMISSION USE

ANN 04 10

4-18-11

4-19-11

COMPANY INFORMATION

ompany Name (Business Na			
ailing AddressPO Drawer 9	(Street)		
Ajo City)	State		(Zip)
520-229-6449	602-453-2848		137 (7.1.1.4. (7.1.)
elephone No. (Include Area Code)	Fax No. (Include Area Code)	Cei	l No. (Include Area Code)
Email AddressSergio_Moraila@fmi.co	om		
ocal Office Mailing Address	(same as above)		
	(Street)		
City)	(State	e)	(Zip)
520-387-2001	520-387-2012		
ocal Office Telephone No. (Include Area Co	520-387-2012 de) Fax No. (Include Area Code)	Cel	ll No. (Include Area Code)
	MANAGEMENT INFORMA		
☐Regulatory Contact:	MANAGEMENT INFORMA	TION	
☐Regulatory Contact:	MANAGEMENT INFORMA	TION Preside	
☐ Regulatory Contact: ☐ Management Contact:	MANAGEMENT INFORMA Roy Archer (Name)	TION Preside	(Title)
Regulatory Contact: Management Contact: 333 North Central Avenue	MANAGEMENT INFORMA Roy Archer (Name) Phoenix	TION Preside	(Title) 85004
Regulatory Contact: Management Contact: 333 North Central Avenue	MANAGEMENT INFORMA Roy Archer (Name)	TION Preside	(Title)
Regulatory Contact: Management Contact: 333 North Central Avenue Street) 520-387-2010	MANAGEMENT INFORMA Roy Archer(Name)Phoenix(City)	Preside Preside AZ(State)	(Title) 85004 (Zip)
Regulatory Contact: Management Contact: 333 North Central Avenue Street)	MANAGEMENT INFORMA Roy Archer (Name) Phoenix	Preside Preside AZ(State)	(Title) 85004
Regulatory Contact: Management Contact: 333 North Central Avenue Street) 520-387-2010	MANAGEMENT INFORMA Roy Archer(Name)Phoenix(City)	Preside Preside AZ(State)	(Title) 85004 (Zip)
Regulatory Contact: Management Contact: 333 North Central Avenue Street) 520-387-2010 Felephone No. (Include Area Code) Email Address	Roy Archer (Name) Phoenix (City) Fax No. (Include Area Code)	Preside Preside AZ(State)	(Title) 85004 (Zip)
Regulatory Contact: Management Contact: 333 North Central Avenue Street) 520-387-2010 Felephone No. (Include Area Code) Email Address On Site Manager:	MANAGEMENT INFORMA Roy Archer (Name) Phoenix (City) Fax No. (Include Area Code) Roy Archer (Name)	Preside Preside AZ(State)	(Title) 85004 (Zip)
Regulatory Contact: Management Contact: 333 North Central Avenue Street) 520-387-2010 Telephone No. (Include Area Code) Email Address On Site Manager: PO Drawer 9	Roy Archer (Name) Phoenix (City) Fax No. (Include Area Code)	Preside _AZ(State) Ce	(Title) 85004 (Zip) Il No. (Include Area Code)
Regulatory Contact: Management Contact: 333 North Central Avenue Street) 520-387-2010 Felephone No. (Include Area Code) Email Address On Site Manager: PO Drawer 9 Street)	MANAGEMENT INFORMA Roy Archer (Name) Phoenix (City) Fax No. (Include Area Code) Roy Archer (Name) Ajo	Preside AZ (State) Ce	(Title) 85004 (Zip) Il No. (Include Area Code) 85321
Regulatory Contact: Management Contact: 333 North Central Avenue Street) 520-387-2010 Telephone No. (Include Area Code) Email Address On Site Manager: PO Drawer 9	MANAGEMENT INFORMA Roy Archer (Name) Phoenix (City) Fax No. (Include Area Code) Roy Archer (Name) Ajo	Preside _AZ(State) AZ(State)	(Title) 85004 (Zip) Il No. (Include Area Code) 85321

Phoenix AZ 85016	Statutory Agent:				
(City) (State) (Cap) 602-277-4792 Telephone No. (Include Area Code) Fax No. (Include Area Code	• • =	(Name)			
(City) (State) (Cap) 602-277-4792 Telephone No. (Include Area Code) Fax No. (Include Area Code	2394 E. Camelback Rd	Phoenix	85016		
Attorney: Douglas N. Currault II (Name) 333 North Central Avenue		(City)	(State)	(Zip)	
Attorney: Douglas N. Currault II (Name) 333 North Central Avenue	602 277 4702				
Name Street Street City State (Zip)	Telephone No. (Include Area Code)	Fax No. (Include Area Code	Cell No. (I	nclude Area Code)	
Name Street Street City State (Zip)	A 44 a a				
Street City State City	Attorney:	Douglas N. Currault II(Name)			
G02-366-8093 G02-366-7312 Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code) Email Address		,	A.77 0	25004	
G02-366-8093 G02-366-7312 Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code) Email Address		Phoemx (City)	(State)	(Zip)	
Telephone No. (Include Area Code) Email Address OWNERSHIP INFORMATION Check the following box that applies to your company: Sole Proprietor (S) Partnership (P) Subchapter S Corporation (C) (Other than Association/Co-op) Bankruptcy (B) Receivership (R) COUNTIES SERVED Check the box below for the county/ies in which you are certificated to provide service: APACHE COCHISE COCONINO GILA GRAHAM GREENLEE MARICOPA MOHAVE					
Check the following box that applies to your company: Sole Proprietor (S) C Corporation (C) (Other than Association/Co-op) Partnership (P) Subchapter S Corporation (Z) Bankruptcy (B) Association/Co-op (A) Receivership (R) Limited Liability Company Other (Describe) COUNTIES SERVED Check the box below for the county/ies in which you are certificated to provide service: APACHE COCHISE COCONINO GILA GRAHAM GREENLEE LA PAZ MARICOPA MOHAVE	602-366-8093 Telephone No. (Include Area Code)	602-366-7312 Fax No. (Include Area Code)	Cell No. (I	nclude Area Code)	
Check the following box that applies to your company: Sole Proprietor (S) C Corporation (C) (Other than Association/Co-op) Partnership (P) Subchapter S Corporation (Z) Bankruptcy (B) Association/Co-op (A) Receivership (R) Limited Liability Company Other (Describe) COUNTIES SERVED Check the box below for the county/ies in which you are certificated to provide service: APACHE COCHISE COCONINO GILA GRAHAM GREENLEE LA PAZ MARICOPA MOHAVE	Telephone 140. (metade 7 meta essee)		`		
Check the following box that applies to your company: Sole Proprietor (S) C Corporation (C) (Other than Association/Co-op) Partnership (P) Subchapter S Corporation (Z) Bankruptcy (B) Association/Co-op (A) Check elevership (R) Limited Liability Company COUNTIES SERVED Check the box below for the county/ies in which you are certificated to provide service: APACHE COCHISE COCONINO GILA GRAHAM GREENLEE LA PAZ MARICOPA MOHAVE	Email Address				
Check the following box that applies to your company: Sole Proprietor (S) C Corporation (C) (Other than Association/Co-op) Partnership (P) Subchapter S Corporation (Z) Bankruptcy (B) Association/Co-op (A) Check elevership (R) Limited Liability Company COUNTIES SERVED Check the box below for the county/ies in which you are certificated to provide service: APACHE COCHISE COCONINO GILA GRAHAM GREENLEE LA PAZ MARICOPA MOHAVE					
Check the following box that applies to your company: Sole Proprietor (S) C Corporation (C) (Other than Association/Co-op) Partnership (P) Subchapter S Corporation (Z) Bankruptcy (B) Association/Co-op (A) Check elevership (R) Limited Liability Company COUNTIES SERVED Check the box below for the county/ies in which you are certificated to provide service: APACHE COCHISE COCONINO GILA GRAHAM GREENLEE LA PAZ MARICOPA MOHAVE		OWNERSHIP INFORMAT	ION		
Sole Proprietor (S) ☐ C Corporation (C) (Other than Association/Co-op) Partnership (P) ☐ Subchapter S Corporation (Z) ☐ Bankruptcy (B) ☐ Association/Co-op (A) ☐ Receivership (R) ☐ Limited Liability Company ☐ Other (Describe) COUNTIES SERVED Check the box below for the county/ies in which you are certificated to provide service: APACHE ☐ COCHISE ☐ APACHE ☐ COCHISE ☐ COCONINO ☐ GILA ☐ GRAHAM ☐ GREENLEE ☐ LA PAZ ☐ MARICOPA ☐ MOHAVE		<u> </u>			
□ Partnership (P) □ Subchapter S Corporation (Z) □ Bankruptcy (B) □ Association/Co-op (A) □ Receivership (R) □ Limited Liability Company □ Other (Describe) COUNTIES SERVED Check the box below for the county/ies in which you are certificated to provide service: □ APACHE □ COCHISE □ COCONINO □ GILA □ GRAHAM □ GREENLEE □ LA PAZ □ MARICOPA □ MOHAVE	Check the following box that appl	ies to your company:			
□ Partnership (P) □ Subchapter S Corporation (Z) □ Bankruptcy (B) □ Association/Co-op (A) □ Receivership (R) □ Limited Liability Company □ Other (Describe) COUNTIES SERVED Check the box below for the county/ies in which you are certificated to provide service: □ APACHE □ COCHISE □ COCONINO □ GILA □ GRAHAM □ GREENLEE □ LA PAZ □ MARICOPA □ MOHAVE	•				
Bankruptcy (B)	Sole Proprietor (S)		(C) (Other than A	Association/Co-op)	
Bankruptcy (B)			C		
□ Receivership (R) □ Limited Liability Company □ Other (Describe)	☐ Partnership (P)	☐ Subchapter S	Corporation (Z)		
□ Receivership (R) □ Limited Liability Company □ Other (Describe)	Doubennetor (D)	Association/Co	-on (A)		
COUNTIES SERVED Check the box below for the county/ies in which you are certificated to provide service: APACHE COCHISE COCONINO GILA GRAHAM GREENLEE LA PAZ MARICOPA MOHAVE	☐ Bankruptcy (B)	Association/Co	-op (A)		
COUNTIES SERVED Check the box below for the county/ies in which you are certificated to provide service: APACHE COCHISE COCONINO GILA GRAHAM GREENLEE LA PAZ MARICOPA MOHAVE	Receivership (R)	☐ Limited Liability Company			
COUNTIES SERVED Check the box below for the county/ies in which you are certificated to provide service: APACHE COCHISE COCONINO GILA GRAHAM GREENLEE LA PAZ MARICOPA MOHAVE					
Check the box below for the county/ies in which you are certificated to provide service: APACHE	Other (Describe)				
Check the box below for the county/ies in which you are certificated to provide service: APACHE					
□ APACHE □ COCHISE □ COCONINO □ GILA □ GRAHAM □ GREENLEE □ LA PAZ □ MARICOPA □ MOHAVE		COUNTIES SERVED			
□ APACHE □ COCHISE □ COCONINO □ GILA □ GRAHAM □ GREENLEE □ LA PAZ □ MARICOPA □ MOHAVE					
☐ GILA ☐ GRAHAM ☐ GREENLEE ☐ LA PAZ ☐ MARICOPA ☐ MOHAVE	Check the box below for the coun	ty/ies in which you are certificated to	provide service:		
☐ GILA ☐ GRAHAM ☐ GREENLEE ☐ LA PAZ ☐ MARICOPA ☐ MOHAVE					
☐ GILA ☐ GRAHAM ☐ GREENLEE ☐ LA PAZ ☐ MARICOPA ☐ MOHAVE		COCHICE		NINO	
☐ LA PAZ ☐ MARICOPA ☐ MOHAVE	АРАСНЕ	☐ COCHISE ☐ COCONINO		11110	
☐ LA PAZ ☐ MARICOPA ☐ MOHAVE	CILA	☐ CREENLEE			
	GILA	GRAHAM GREENLEE			
	☐ LA PAZ	☐ MARICOPA			
□ NAVATO □ DIMA □ PINAT.		MARICOIA			
	☐ NAVAJO				
☐ SANTA CRUZ ☐ YAVAPAI ☐ YUMA	SANTA CRUZ	☐ YAVAPAI ☐ YUMA			
	☐ STATEWIDE				

WATER UTILITY PLANT IN SERVICE

Acct.		Original	Accumulated	O.C.L.D.
No.	DESCRIPTION	Cost (OC)	Depreciation (AD)	(OC less AD)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment	669,557	643,744	25,814
330	Distribution Reservoirs and Standpipes	25,779	20,104	5,675
331	Transmission and Distribution Mains	11,194,599	1,589,019	9,605,580
333	Services			
334	Meters and Meter Installations	674,427	37,374	637,053
335	Hydrants	1,847	253	1,595
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			<u>-</u>
340	Office Furniture and Equipment	4,713	4,713	0
341	Transportation Equipment	527,962	281,358	246,604
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment	32,154	30,852	1,302
348	Other Tangible Plant			
-	TOTALS	13,131,037	2,607,415	10,523,622

This amount goes on the Balance Sheet Acct. No. 108

WATER CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment	669,557	0.002246	1,504
330	Distribution Reservoirs and Standpipes	25,779	0.053169	1,371
331	Transmission and Distribution Mains	11,194,599	0.022820	255,458
333	Services			
334	Meters and Meter Installations	674,427	0.020618	13,905
335	Hydrants	1,847	0.020007	37
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment	4,713	0	0
341	Transportation Equipment	527,962	0.072704	38,385
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment	32,154	0.002239	72
348	Other Tangible Plant			
	TOTALS	13,131,037	0.023664	310,731

This amount goes on the Comparative Statement of Income and Expense ______Acct. No. 403.

SEWER UTILITY PLANT IN SERVICE

Acct.		Original	Accumulated	
No.	DECRIPTION	Cost	Depreciation	O.C.L.D.
		(OC)	(AD)	(OC less AD)
351	Organization			
352	Franchises			
353	Land and Land Rights			
354	Structures and Improvements			
355	Power Generation Equipment			
360	Collection Sewers – Force	690,001	52,993	637,007
361	Collection Sewers – Gravity			
362	Special Collecting Structures			
363	Services to Customers			
364	Flow Measuring Devices			
365	Flow Measuring Installations			
370	Receiving Wells			
380	Treatment and Disposal Equip.	302,182	70,291	231,891
381	Plant Sewers			
382	Outfall Sewer Lines			
389	Other Plant and Misc. Equipment			
390	Office Furniture and Equipment			
391	Transportation Equipment	98,893	51,928	46,965
393	Tools, Shop and Garage Equip.	30,284	30,284	0
394	Laboratory Equipment			
395	Power Operated Equipment			
398	Other Tangible Plant			
	TOTALS	1,121,359	205,496	915,863

This amount goes on the Balance Sheet Acct. No. 108

SEWER CALCULATION OF DEPRECIATION EXPENSE

Acct.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
351	Organization		(2)	
352	Franchises			
		+		
353	Land and Land Rights			
354	Structures and Improvements			
355	Power Generation Equipment			22.000
360	Collection Sewers – Force	690,001	0.033333	23,000
361	Collection Sewers – Gravity			
362	Special Collecting Structures			
363	Services to Customers			
364	Flow Measuring Devices			
365	Flow Measuring Installations			
370	Receiving Wells			
380	Treatment and Disposal Equip.	302,182	0.033334	10,073
381	Plant Sewers			
382	Outfall Sewer Lines			
389	Other Plant and Misc. Equipment			
390	Office Furniture and Equipment			
391	Transportation Equipment	98,863	0.097879	9,680
393	Tools, Shop and Garage Equip.	30,284	0.100000	3,028
394	Laboratory Equipment			
395	Power Operated Equipment			
398	Other Tangible Plant			
	TOTALS	1,121,359	0.040826	45,781

This amount goes on the Comparative Statement of Income and Expense Acct. 403 —

BALANCE SHEET

Acet No.		BALANCE AT BEGINNING OF	BALANCE AT END OF YEAR
	ASSETS	YEAR	ILAN
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$ 31,827	\$ 9,381
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable	390,192	317,260
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies	92,443	128,764
162	Prepayments	32,975	19,834
174	Miscellaneous Current and Accrued Assets		
	TOTAL CURRENT AND ACCRUED ASSETS	\$ 547,437	\$ 475,239
	Long-term Non Recurring Receivable – Other	\$ 308,623	\$ 105,890
	FIXED ASSETS		
101	Utility Plant in Service	\$ 15,492,940	\$ 20,476,515
103	Property Held for Future Use		
105	Construction Work in Progress	5,483,934	8,054,639
108	Accumulated Depreciation – Utility Plant	(3,371,257)	(3,934,760)
121	Non-Utility Property		
122	Accumulated Depreciation - Non Utility		
	TOTAL FIXED ASSETS	\$ 17,605,617	\$ 24,596,394
	TOTAL ASSETS	\$ 18,461,678	\$ 25,177,522

NOTE: The Assets on this page should be equal to Total Liabilities and Capital on the following page.

^{*} Amounts represent the three departments: Electric, Water & Sewer.

BALANCE SHEET (CONTINUED)

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	LIABILITIES	TEAK	
	CURRENT LIABILITES		
231	Accounts Payable	\$ 1,258,267	\$ 514,848
$\frac{231}{232}$	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies	5,149,775	15,045,147
235	Customer Deposits		
236	Accrued Taxes	80,827	133,455
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	TOTAL CURRENT LIABILITIES	\$ 6,488,868	\$ 15,693,450
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$ 0	\$ 0
	DEFERRED CREDITS		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		
	TOTAL DEFERRED CREDITS	\$ 0	\$ 0
	TOTAL LIABILITIES	\$	\$
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$ 392,000	\$ 392,000
211	Paid in Capital in Excess of Par Value	24,275,044	24,275,044
215	Retained Earnings	(12,694,234)	(15,182,971)
218	Proprietary Capital (Sole Props and Partnerships)		
	TOTAL CAPITAL	\$ 11,972,810	\$ 9,484,072
	TOTAL LIABILITIES AND CAPITAL	\$ 18,461,678	\$ 25,177,522

^{*} Amounts represent the three departments; Electric Water and Sewer.

WATER COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
No.			h 560.050
461	Metered Water Revenue	\$ 589,600	\$ 568,350
460	Unmetered Water Revenue		0.774
474	Other Water Revenues	4,291	8,575
	TOTAL REVENUES	\$ 593,890	\$ 576,925
	OPERATING EXPENSES		
601	Salaries and Wages	\$ 193,544	\$ 121,073
610	Purchased Water	1,382,693	1,175,833
615	Purchased Power		
618	Chemicals		
620	Repairs and Maintenance	28,383	8,289
621	Office Supplies and Expense	6,974	18,216
630	Outside Services	54,717	183,667
635	Water Testing		
641	Rents	14,575	7,663
650	Transportation Expenses		
657	Insurance – General Liability		
659	Insurance - Health and Life	145,610	143,297
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense	40,296	64,188
403	Depreciation Expense	191,575	310,731
408	Taxes Other Than Income		
408.11	Property Taxes	45,764	31,657
409	Income Tax		
	TOTAL OPERATING EXPENSES	\$ 2,104,131	\$ 2,064,615
	OPERATING INCOME/(LOSS)	\$ (1,510,241)	\$ (1,487,690)
	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$	\$
$\frac{-419}{421}$	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
741	TOTAL OTHER INCOME/(EXPENSE)	\$ 0	\$ 0
	NET INCOME/(LOSS)	\$ (1,510,241)	\$ (1,487,690)

SEWER COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
521	Flat Rate Revenues	\$ 225,497	\$ 226,476
522	Measured Revenues		
536	Other Wastewater Revenues	6,112	5,500
	TOTAL REVENUES	\$ 231,609	\$ 231,976
	OPERATING EXPENSES		
701	Salaries and Wages	\$ 228,767	\$ 158,027
710	Purchased Wastewater Treatment		
711	Sludge Removal Expense		
715	Purchased Power		
716	Fuel for Power Production		
718	Chemicals		
720	Materials and Supplies	36,004	27,211
731	Contractual Services – Professional	124,644	134,893
735	Contractual Services – Testing		
736	Contractual Services – Other		
740	Rents	15,000	29,683
750	Transportation Expense		
755	Insurance Expense		
765	Regulatory Commission Expense		
775	Miscellaneous Expense	23,424	38,603
403	Depreciation Expense	43,448	45,781
408	Taxes Other Than Income		
408.11	Property Taxes	19,573	8,989
409	Income Taxes		
	TOTAL OPERATING EXPENSES	\$ 490,860	\$ 443,187
	OTHER INCOME/EXPENSE		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	TOTAL OTHER INCOME/EXPENSE	\$ 0	\$ 0
	NET INCOME/(LOSS)	\$ (259,252)	\$ (211,211)

SUPPLEMENTAL FINANCIAL DATA Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
	None	None	None	None
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate	0,	%	%	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End	\$ 0
Meter Deposits Refunded During the Test Year	\$ 0

COMPANY NAME: Ajo Improvement Company				
Name of System:	ADEQ Public Water System Number:			

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
None						

^{*} Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

ed or Obtained sands)
_

BOOSTER PUMPS		FIRE HYDRANTS		
Horsepower	Quantity	Quantity Standard	Quantity Other	
N/A		133	0	

STORAGE TANKS		PRESSURE TANKS		
Capacity	Quantity	Capacity	Quantity	
500,000	4	N/A		

COMPANY NAME: Ajo Improvement Company				
Name of System:	ADEQ Public Water System Number:			

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS

IVIALING					
Size (in inches)	Material	Length (in feet)			
2	Copper/Plastic	2,100/300			
3	Cast Iron	1,200			
4	Plastic/Steel	900/1,200			
5	Cast Iron	7,600			
6	Cement ASBE/Plastic	11,300/600			
8	Steel/Cast Iron	600/9,500			
10	Cement ASBE/Ductile Iron	11,400/13,060			
12	Cement ASBE/Ductile Iron	3,300/3,900			

CUSTOMER METERS

Size (in inches)	Quantity
5/8 X ¾	1,061
3/4	
1	24
1 1/2	2
2	16
Comp. 3	
Turbo 3	6
Comp. 4	
Turbo 4	3
Comp. 6	
Turbo 6	

For the following three items, list the utility owned assets in each category for each system.

TREATMENT EQUIPMENT:

_____Three (3) filter vessels using Activated Alumina as a filter medium. 10' diameter x 24' height.

		_
	_	
STRUCTURES:		
_One (1) Operator Control Room 10' X 20'		
OTHER:		
None		

COMPANY NAME: Ajo Improvement Company				
Name of System:	ADEQ Public Water System Number:			

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2009

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
Y A NIVI A VINI	1,119	(Thousands) 10,364	13,563	12,122
JANUARY				
FEBRUARY	1,117	7,862	10,470	9,316
MARCH	1,141	10,347	15,085	13,095
APRIL	1,142	12,389	16,120	13,143
MAY	1,114	12,937	19,654	16,446
JUNE	1,114	18,675	29,652	22,998
JULY	1,109	16,344	25,631	18,151
AUGUST	1,106	14,645	27,482	15,916
SEPTEMBER	1,115	17,727	26,886	23,795
OCTOBER	1,120	13,770	17,746	13,849
NOVEMBER	1,119	10,751	18,487	16,924
DECEMBER	1,120	12,072	14,659	12,625
	TOTALS →	157,883	*235,435	188,380

What is the level of arsenic for each well on your system? ____N/A____mg/l (If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? 1,500_GPM for _2_hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?

(X) Yes () No

Is the Water Utility located in an ADWR Active Management Area (AMA)?

() Yes (X) No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?

() Yes (X) No

* Water pumped belongs to Freeport McMoran (Ajo Operations) and is sold to Ajo Improvement Company.

COMPANY NAME: Ajo Improvement Company				
Name of System:	Wastewater Inventory Number (if applicable):			

WASTEWATER COMPANY PLANT DESCRIPTION TREATMENT FACILITY

TYPE OF TREATMENT	Anaerobic Lagoon
(Extended Aeration, Step Aeration, Oxidation	
Ditch, Aerobic Lagoon, Anaerobic Lagoon,	
Trickling Filter, Septic Tank, Wetland, Etc.)	
DESIGN CAPACITY OF PLANT	400,000 +/-
(Gallons Per Day)	

LIFT STATION FACILITIES

Location	Quantity of Pumps	Horsepower Per Pump	Capacity Per Pump (GPM)	Wet Well Capacity (gals)
11 th Street	2	7.5	125	47,000

FORCE MAINS

Size	Material	Length (Feet)
4-inch	Steel	2,000
6-inch	N/A	

MANHOLES

Туре	Quantity
Standard	232
Drop	N/A

CLEANOUTS

Quantity		
lone		

COMPANY NAME: Ajo Improvement Company		
Name of System:	Wastewater Inventory Number (if applicable):	

WASTEWATER COMPANY PLANT DESCRIPTION (CONTINUED)

COLLECTION MAINS

SERVICES

Size (in inches)	Material	Length (in feet)
4	Clay Tile/ Cement ASBES	3,200/2,100
6	Clay Tile	25,200
8	Cement ASBES/ Clay Tiles	36,900/400
10	Cement ASBES/ Clay Tiles	9,300/ 1,000
12	Clay Tile/ Cement ASBES	2,800/800
15		
18		
21		
24		
30		

Size (in inches)	Material	Quantity
4	Red Clay & Transit	1,200
6		
8		
12		
15		

FOR THE FOLLOWING FIVE ITEMS, LIST THE UTILITY OWNED ASSETS IN EACH CATEGORY PER WASTEWATER SYSTEM

SOLIDS PROCESSING AND HANDLING FACILITIES	Waste Water Treatment Plant
DISINFECTION EQUIPMENT (Chlorinator, Ultra-Violet, Etc.)	N/A
FILTRATION EQUIPMENT (Rapid Sand, Slow Sand, Activated Carbon, Etc.)	N/A
STRUCTURES (Buildings, Fences, Etc.)	6' Chain Link Enclosed
OTHER (Laboratory Equipment, Tools, Vehicles, Standby Power Generators, Etc.	One 3-phase 240V – 480 Portable Unit

COMPANY NAME: Ajo Improvement Company	
Name of System: Wastewater Inventory Number (if applicable):	

WASTEWATER FLOWS

MONTH/YEAR (Most Recent 12 Months)	NUMBER OF SERVICES	TOTAL MONTHLY SEWAGE FLOW	SEWAGE FLOW ON PEAK DAY
January	1,085	4,981,700	299,300
February	1,082	3,637,100	209,800
March	1,105	4,167,300	215,000
April	1,106	3,100,600	181,800
May	1,075	2,541,800	179,200
June	1,075	3,110,100	186,100
July	1,071	2,840,100	193,700
August	1,068	3,042,560	168,100
September	1,078	3,095,800	181,900
October	1,084	3,551,200	220,300
November	1,083	3,117,500	180,300
December	1,084	3,775,400	258,600

PROVIDE THE FOLLOWING INFORMATION AS APPLICABLE PER WASTEWATER SYSTEM

Method of Effluent Disposal (leach field, surface water discharge, reuse, injection wells, groundwater recharge, evaporation ponds, etc.)	Evaporation Pond
Groundwater Permit Number	101,678
ADEQ Aquifer Protection Permit Number	N/A
ADEQ Reuse Permit Number	101,678
EPA NPDES Permit Number	40-100

COMPANY NAME: Ajo Improvement Company		
Name of System:	ADEQ Public Water System Number:	

UTILITY SHUTOFFS / DISCONNECTS

MONTH	Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY	None	0	None
FEBRUARY	None	0	None
MARCH	None	0	None
APRIL	None	0	None
MAY	None	0	None
JUNE	None	0	None
JULY	None	0	None
AUGUST	None	0	None
SEPTEMBER	None	0	None
OCTOBER	None	8	None
NOVEMBER	None	4	None
DECEMBER	None	6	None
TOTALS —	>	18	

OTHER (description):				
		 	-	
		 -		
	<u>.</u>	 <u> </u>	 	

COMPANY NAME: Ajo Improvement Company	
Name of System:	Wastewater Inventory Number (if applicable):

UTILITY SHUTOFFS / DISCONNECTS

MONTH	Termination without Notice R14-2- 609.B	Termination with Notice R14-2- 609.C	OTHER
JANUARY	None	0	None
FEBRUARY	None	0	None
MARCH	None	0	None
APRIL	None	0	None
MAY	None	0	None
JUNE	None	0	None
JULY	None	0	None
AUGUST	None	0	None
SEPTEMBER	None	0	None
OCTOBER	None	8	None
NOVEMBER	None	4	None
DECEMBER	None	6	None
TOTALS —	>	18	

OTHER (description):		

W 7 W 3 A	n	ENDIES	TRIC	12	121	120	10
YŁA	K	\mathbf{END}	ING	$\mathbf{L}\mathbf{Z}_{i}$	/31/	Z U	ΙU

COMITAIN I MANUE AND IMPLOYMENT COMPAN	COMPANY NAME	Ajo Improvement Comp	pany
----------------------------------------	--------------	----------------------	------

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2010 was: \$130,621
Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.
If no property taxes paid, explain why

VERIFICATION AND **SWORN STATEMENT Taxes**

r.	RECEIVED	
	The Same	

VERIFICATION

STATE OF Arizona I, THE UNDERSIGNED

OF THE

	ACC UTILITIES DIRECTOR
COUNTY OF (COUNTY NAME)	
Pima	
NAME (OWNER OR OFFICIAL) TITLE	
Roy Archer, President	
COMPANY NAME	
Ajo Improvement Company	

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2010

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

CNATURE OF OWNER OR OFFICIAL

520-387-2010

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

KATHRYN RAMSEY Notary Public - Arizona Maricopa (SduMy)

Comm. Expires Feb 2, 2014

DAY OF

22

COMPANY NAME: Ajo	Improvement	Company
--------------------------	--------------------	---------

INCOME TAXES

SIGNATURE	DATE	
prior year's annual report. This certification is to	as refunded to Payers all gross-up tax refunds reported in the be signed by the President or Chief Executive Officer, if a partnership; the managing member, if a limited liability rship.	
CERTIFICATION		
of the tax year when tax returns are completed. It any Payer or if any gross-up tax refunds have alrowed the completed in the completed in the complete in the completed in the complete in th	will refund any excess gross-up funds collected at the close Pursuant to this Decision, if gross-up tax refunds are due to eady been made, attach the following information by Payer nount of gross-up tax collected, the amount of refund due to see or has made the refund to the Payer.	
Total Grossed-Up Contributions/Advances		
Amount of Gross-Up Tax Collected	_N/A _N/A _N/A	
Amount of Contributions/Advances	_N/A	
Amount of Grossed-Up Contributions/Advances:		
State Taxable Income Reported Estimated or Actual State Tax Liability	Same as above	
Estimated or Actual Federal Tax Liability		
Federal Taxable Income Reported	Ajo Improvement Company consolidates with its parent company, Freeport McMoRan Copper & Gold	
For this reporting period, provide the following:		

VERIFICATION AND SWORN STATEMENT Intrastate Revenues Only

	A C. C.
ACC UTILITI	TES DIRECTO

RECEIVE

VERIFICATION

STATE OF

Pima

NAME (OWNER OR OFFICIAL) TITLE

Roy Archer, President

COMPANY NAME

OF THE

Ajo Improvement Company

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH DAY YEAR
12 31 2010

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM <u>ARIZONA INTRASTATE</u> UTILITY OPERATIONS DURING CALENDAR YEAR 2010 WAS:

(THE AMOUNT IN BOX ABOVE INCLUDES \$_57,432_____IN SALES TAXES BILLED, OR COLLECTED)

OF OWNER OR OFFICIAL

.204

602-366-8173

**REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

15th

COUNTY NAME Maricopa

DAY OF

MONTH April

KATHRYN RAMSEY
Notai Poblic - Arizona
Maricopa County

My Comm. Expires Feb 2, 2014
MISSION EXPIRES

SIGNATURE OF NOTAR

24

VERIFICATION AND **SWORN STATEMENT** RESIDENTIAL REVENUE

Intrastate Revenues Only

RECEIVED

ACC UTILITIES DIRECTOR

VERIFICATION

STATE OF ARIZONA

I. THE UNDERSIGNED

COUNTY OF (COUNTY NAME) PIMA

NAME (OWNER OR OFFICIAL) Roy Archer

TITLE: President

OF THE

COMPANY NAME Ajo Improvement Company

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

YEAR MONTH DAY 2010 12 31

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2010 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES

\$ 475,196

THE AMOUNT IN BOX AT LEFT **INCLUDES \$_ 33,739**

IN SALES TAXES BILLED, OR COLLECTED)

*RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED.

SIGNATURE OF OWNER OR OFFICIAL

520-387-201<u>0</u> TELEPHÔNE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

5<u>A</u>

DAY OF

NOTARY PUBLIC NAME

MONTH

20/

SKATHRYN RAMSEY Notary Public - Artzona **Maricopa County** Maricopa County
MyVolinG@xill41866120201EXPIRES 2-2-2014

PUBLIC